

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTORSHIP ..... Dee J. Hillberry, et al.

ATTORNEY DOCKET NO. .... MO04-P01

TITLE: **AMBULANCE STRETCHER SUPPORT TO REDUCE PATIENT TRAUMA****DECLARATION OF JOINT INVENTORS****FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent application is sought on the invention entitled: AMBULANCE STRETCHER SUPPORT TO REDUCE PATIENT TRAUMA, the specification of which is filed concurrently herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims.

I do not know and do not believe that the invention was ever known or used in the United States of America before my invention thereof.

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to the date of this application.

The subject matter of this application has not been patented or made the subject of any inventor's certificate issued before the date of this application filed by me or my legal representatives or assigns prior to the date of this application.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

1           **PRIOR FOREIGN APPLICATIONS:**

2           I hereby state that no applications for foreign patents or inventor's certificates have been  
3 filed prior to the date of execution of this declaration.

4  
5           **POWER OF ATTORNEY**

6           As a joint Inventor, I hereby appoint the following attorney to prosecute this application  
7 and transact all business in the Patent and Trademark Office connected therewith: John S. Reid,  
8 Reg. No. 36,369.

9           Send correspondence to: Reidlaw, L.L.C., Attn: John S. Reid, 1926 S. Valleyview Lane,  
10 Spokane, WA 99212-0157. Direct telephone calls to: (509) 534-5789, fax (509) 532-0351.

11           I hereby declare that all statements made herein of my own knowledge are true and that  
12 all statements made on information and belief are believed to be true; and further that these  
13 statements were made with the knowledge that willful false statements and the like so made are  
14 punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States  
15 Code and that any such willful false statement may jeopardize the validity of the application or  
16 any patent issued therefrom.

17                                   \*\*\*\*\*

18           Full name of inventor:   **Dee J. HILLBERRY**

19           Inventor's Signature:   Dee J. Hillberry  
20

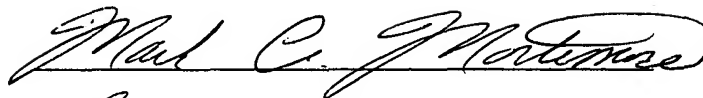
21           Date:                   6-10-03

22           Residence:           **Thermopolis, WY**  
23           Citizenship:         **US**  
24           Post Office Address: **P.O. Box 210**  
25                                   **Thermopolis, WY 82443**

                                 \*\*\*\*\*

1 Full name of inventor: **Mark C. MORTIMORE**

2  
3 Inventor's Signature:



4 Date:

6-10-03

5 Residence: **Thermopolis, WY**

6 Citizenship: **US**

Post Office Address: **624 Arapahoe**  
**Thermopolis, WY 82443**

7 \* \* \* \* \*